

**DES/PMO Deserter Checklist/Coversheet for DD Form 553 Processing**  
**List of Required Enclosures for Dropped from the Rolls (DFR) Packets**

**BDE S1/DCO will** include this checklist as a coversheet for the DFR Packet to email all Required & Optional (as applicable) documents scanned as individual (.TIF Files) to the parent unit's assigned servicing installation Army Directorate Emergency Services (DES)/Provost Marshal Office (PMO). Email subject line will include the following: DD Form 553 for (Deserter's Last Name, First Name, Rank).

**DES/PMO will ensure** Parent Unit CDR has accurately completed the DD Form 553 IAW AR 190-9, Para 3-2. **DES/PMO will scan this cover sheet and only the DD Form 553** using same subject line as above to: [usarmy.knox.incom-atlantic.mbx.usadip-admin@mail.mil](mailto:usarmy.knox.incom-atlantic.mbx.usadip-admin@mail.mil)

A Sample DFR Packet with detailed instructions identifying primary source document and additional resources is available on S1NET (milSuite) <https://www.milsuite.mil/book/docs/DOC-53520>. This published guidance must be followed exclusively for the completion of each required document to ensure that an accurate Deserter Arrest Warrant will be able to be entered into the FBI National Crime Information Center data base Wanted Person Files.

Incomplete DD Form 553s will be returned to the BDE S1/DCO by the DES/ PMO for completion prior to submission to USADIP.

Ensure your contact information below is accurate in the event we need to contact you regarding the DD Form 553.

Deserter's Rank: \_\_\_\_\_ Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Unit/Installation: \_\_\_\_\_

Indicate any instructions for processing or for when Soldier is returned to military control (examples: Soldier is trainee to be sent to Ft Sill Pers Ctrl Facility (PCF) upon RMC. Soldier is to return to Parent Unit for UCMJ action, Soldier has Top Secret clearance, etc):  
\_\_\_\_\_

MACOM: \_\_\_\_\_ PPA: \_\_\_\_\_ PSC: \_\_\_\_\_ UIC: \_\_\_\_\_ IET (Y or N) \_\_\_\_\_

BDE S1 Preparer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

DCO Reviewer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

DES/PMO Reviewer \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Required Documents that must be scanned to parent unit's assigned servicing installation Army DES/PMO for their review to ensure accuracy of DD Form 553 IAW AR 190-9, Para 3-2 prior to email submission to USADIP:**

1. \_\_\_\_ - **DD Form 553** (Deserter/Absentee Wanted by the Armed Forces) Note: USADIP will return to BDE S1/DCO for upload to IPERMS, along with the DD Form 616 [Return to Military Control (RMC)] upon apprehension.
2. \_\_\_\_ - **DA Form 4187 (PDY to AWOL)** (Personnel Action) (Ensure that distribution is made to the Defense Military Pay Office-(DMPO), eMILPO transaction is completed, and Defense Enrollment Eligibility Reporting System (DEERS) updated per DA PAM 600-8, Table 9-2, Step 15e.
3. \_\_\_\_ - **DA Form 4187 (AWOL to DFR)** (Personnel Action); Ensure that distribution is made to DMPO within 48 hours, and DEERS updated.
4. \_\_\_\_ - **DD Form 458** (Charge Sheet) [AR 630-10, Para 3-1a(4)].
5. \_\_\_\_ - **10-day AWOL Letter to Next-of-Kin (NOK)** (AR 630-10, Para 2-2e; See Figure 2-1) & (AR 600-8-104, Table 6-27, Step 5)
6. \_\_\_\_ - **31-day DFR Letter to NOK** (AR 600-8-104, Table 6-29, Step)
7. \_\_\_\_ - **Combined AWOL & DFR Letter to NOK**. Used for Soldiers qualifying for a **Less than 30 Day Drop** as previous deserters who have been RMC. The Soldier fails to return to a unit from which he or she is AWOL after RMC at another location or departs prior to the completion of administrative, judicial, or non-judicial action for a previous absence. Additionally used for **Special Category** (Top Secret Security Clearance or Military Intelligence skill set) and **High Risk Deserter** (see ALARACT 366-2011)

**Primary Source Documents that need to be referenced in IPERMS by BDE S1/DCO to verify accuracy of DD Form 553 prior to submission to DES/PMO.**

8. \_\_\_\_ - **DD Form 93** (Record of Emergency Data.)
9. \_\_\_\_ - **DD Forms 4/1, 2, 3** (Enlistment/Re-enlistment Contract.) Only Delayed Entry Program needs a DD Form 4-3.
10. \_\_\_\_ - **SF 86** (Questionnaire for National Security Positions).
11. \_\_\_\_ - **DD Form 1966/1, 2, 3, 4, 5** (Record of Military Processing – Armed Forces of the United States).

**\*Items 12-14 are applicable for Reserve Component (RC) only. (Do not scan these document to PMO/DES or USADIP):**

- \*12. \_\_\_\_ - ARNG/USAR Initial Active Duty for Training (IADT) or ADT Order. [AR 630-10, Para 5-1b(2a) & 5-3a(2)]. (RC ONLY)
- \*13. \_\_\_\_ - ARNG Discharge Order Format 510 assigned to Title 10 Active Duty Status or MOB Order. (NGR 600-200, Para 6-38a) (RC ONLY)
- \*14. \_\_\_\_ - USAR Assignment Order Format 440 or MOB Order. [AR 630-10, Para 5-7a(2) & AR 600-8-105, Para 3-6. (RC ONLY)

<b>DESERTER/ABSENTEE WANTED BY THE ARMED FORCES</b> <i>(When completed, this form is protected by the Privacy Act of 1974, as amended.)</i>				<b>1. DATE PREPARED</b> (YYYYMMDD) 20090301		
<b>2. TO</b> <i>(Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point)</i>  USADIP (DAPM-MPO-AD), BUILDING 298, ROOM 331, 481 GOLD VAULT ROAD, FORT KNOX KY 40121-5182 usarmy.knox.imcom-atlantic.mbx.usadip-admin@ mail.mil (send DD 553 and Cover Sheet Only)			<b>3. FROM</b> <i>(Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks)</i>  COMMANDER 10th Mess Kit Repair Company 123 Lost Lane Fort Lost in the Woods, MO 12345-0000		<b>4. DISTRIBUTION</b>	
<b>5. ABSENTEE IDENTIFICATION</b>						
<b>a. NAME</b> <i>(Last, First, Middle Initial)</i> GONE, JOE BE (use full middle name)		<b>b. GRADE/RANK/RATE</b> E-2/PV2		<b>c. SEX</b> M		
<b>d. ETHNICITY</b> <i>(X one)</i> <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> DECLINE TO RESPOND		<b>e. RACE</b> <i>(X one or more)</i> <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN		<input type="checkbox"/> NATIVE HAWAIIAN OR OTHERPACIFIC ISLANDER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> DECLINE TO RESPOND		
<b>f. PLACE OF BIRTH</b> <i>(City, State, Country)</i>		<b>g. DATE OF BIRTH</b> <i>(YYYYMMDD)</i>		<b>h. HEIGHT</b>		
<b>i. EYE COLOR</b> <i>(X one)</i> <input type="checkbox"/> BLACK <input type="checkbox"/> GREEN <input type="checkbox"/> VIOLET <input checked="" type="checkbox"/> BLUE <input type="checkbox"/> GRAY <input type="checkbox"/> BROWN <input type="checkbox"/> HAZEL		<b>k. HAIR COLOR</b> <i>(X one)</i> <input type="checkbox"/> AUBURN <input type="checkbox"/> BROWN <input type="checkbox"/> SILVER <input type="checkbox"/> BLACK <input type="checkbox"/> GRAY <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLOND <input type="checkbox"/> RED <input type="checkbox"/> BALD				
<b>l. DIP CONTROL NUMBER</b> LEAVE BLANK		<b>m. BRANCH OF SERVICE</b> RA/ARNG/USAR/AGR		<b>n. SOCIAL SECURITY NO.</b> 123-45-6789		
<b>o. CITIZENSHIP</b> US		<b>p. MARITAL STATUS</b> MARRIED				
<b>q. MILITARY OCCUPATION</b> *All MOS such as MI / classified info (see note)*		<b>s. PERMANENT RESIDENCE ADDRESS</b> <i>(Include ZIP Code)</i> * Item 5q Must process as special category w/in 24 hrs with PMO as Aggravated Deserters consult DODI 1325.02 (Desertion & Unauthorized Absence) See note in Item 19.* 456 SOMEWHERE STREET, ANYWHERE, OK 67890-0000 Consult most current DD Form 4/1, Item 3 (Home of Record)				
<b>r. CIVILIAN OCCUPATION</b> Identify any specific job skills if known						
<b>6. CURRENT ENLISTMENT</b>			<b>7. ENTRY INTO CURRENT PERIOD OF SERVICE</b>			
<b>a. DATE</b> <i>(YYYYMMDD)</i> 20081001		<b>b. PLACE</b> <i>(City and State)</i> ANYWHERE, OK		<b>a. DATE</b> <i>(YYYYMMDD)</i> 20081001		
				<b>b. PLACE</b> <i>(City and State)</i> ANYWHERE, OK		
<b>9. TIME OF ABSENCE</b>			<b>10. ADMINISTRATIVE DATE OF DESERTION</b> <i>(YYYYMMDD)</i> 20090331			
<b>a. DATE</b> <i>(YYYYMMDD)</i> 20090301		<b>b. HOUR</b> 0630				
<b>11. ESCAPED OR SENTENCED PRISONER</b> <i>(X as applicable)</i> <input type="checkbox"/> YES IF "YES," SPECIFY CHARGE <input type="checkbox"/> NO			<b>12. DISCHARGE STATUS</b> <i>(X as applicable)</i> <b>a. DISCHARGED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>b. SUSPENDED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>13. OPERATOR'S LICENSE</b>			<b>14. VEHICLE LICENSE</b>			
<b>a. NUMBER</b> DL123456789	<b>b. STATE</b> OK	<b>c. EXP. DATE</b> <i>(YYYYMMDD)</i> 20100131	<b>a. PLATE NO.</b> 54A1099	<b>b. STATE</b> OK	<b>c. EXP. DATE</b> <i>(YYYYMMDD)</i> 20091031	
			<b>d. TYPE</b> Personalized			
<b>15. VEHICLE</b>						
<b>a. VEHICLE IDENTIFICATION NUMBER</b> 1ABCD23456789		<b>b. YEAR</b> 2008	<b>c. MAKE</b> PORSCHE	<b>d. MODEL</b> 944	<b>e. STYLE</b> 2 DOOR	
		<b>f. COLOR</b> RED				
<b>16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE</b> <i>(If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)</i>						
<b>a. NAME</b> <i>(Last, First, Middle Initial)</i>			<b>b. ADDRESS</b> <i>(Include ZIP Code)</i>			
(1) GONE, FATHER O. (Father)			456 SOMEWHERE ST, ANYWHERE, OK 67890-0000			
(2) AWAY, IM A. (Cousin)			789 WHERE EVER ST, NOWHERE, OK 67899-0000			
(3)			See notes for clarification of items above: Item 5m - If using the AGR option, annotate if it is ARNG/AGR or USAR/AGR.			
(4)			Item 9a - Actual date of AWOL must match DA Form 4187, Item 7, (PDY to AWOL) Item 10 - Desertion date must match DA Form 4187, Item 7 (AWOL to DFR)			
(5)			Item 13 - DES/PMO needs to conduct NCIC 50 state Driver's License Check Item 16 - Consult most current DD Form 93 Items 4 - 7 and SF 86 Items 11 - 13			

**17. CERTIFICATION (See Notes)**

The undersigned states: That he/she is a commissioned officer of the United States ARMY (Military Department), presently assigned as the Commanding Officer, 10th Mess Kit Repair Company (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Directive 1325.2 and AR 190-9 and AR 630-10 (Regulations of the Service concerned which implement DOD Directive 1325.2, e.g. Army Regulations 190-9 and 630-10), he/she has conducted an investigation into the status of PV2 JOE BE GONE (Name and rank of alleged deserter), a member of the United States Armed Forces serving on active duty with 0th Mess Kit Repair Company, Ft Lost in the Woods, MO (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and (See Note 1)).

That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about 20090301 (Date - YYYYMMDD), PV2 JOE BE GONE (Name and rank of alleged deserter), did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See item 3 above) located at (See item 3) in violation of Section 885, Title 10, United States Code and he/she has remained continuously so absent until (Date this statement is executed - YYYYMMDD). I state under penalty of perjury (under the laws of the United States of America (See Note 2) that the foregoing is true and correct. Executed on 20090331 (Date - YYYYMMDD).

**NOTES:**

1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.

**18. COMMANDING OFFICER**

a. TYPED NAME (Last, First, Middle Initial) COMMANDER, IM A.	b. RANK CPT	c. TITLE COMMANDER
d. ORGANIZATION AND INSTALLATION 10TH MESS KIT REPAIR COMPANY FORT LOST IN THE WOODS, MO	e. SIGNATURE (All copies)	f. DATE SIGNED (YYYYMMDD) 20090331

**19. REMARKS** (List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion, posture; build, other SSN's used by individual; or other data that may assist in identification.

SEE NOTES REGARDING DATES IN BLOCK 17 CERTIFICATION

20090301 Actual date of AWOL must match DD Form 553, Item 9a and must match DA Form 4187, Item 7 (PDY to AWOL).

20090331 Executed date and date signed in DD Form 553, Item 18f must be the same or later than the DFR date in DD Form 553, Item 10.

The Military Police Report (MPR) # for AWOL, DFR, along with other related offenses need to be annotated by PMO to verify that the offense has been recorded in COPS before USADIP is able to generate a deserter warrant for arrest in NCIC.

SEE NOTES REGARDING DATES IN BLOCK 18 CERTIFICATION

DD Form 553, Item 18e signed by the unit commander who must be a commissioned officer [AR 630-10, Para 3-1a(2)]; no "For CDR" signatures, facsimiles, or stamps authorized over signature block, must be originals.

SEE NOTES REGARDING BLOCK 19 REMARKS:

AR 630-10, Para 3-3d & AR 190-9, Para 3-2 & 3 Special category and Aggravated Desertion per DODI 1325.02. Deserter reporting is required w/in 24/48 hours with PMO and USADIP. In DD Form 553, Item 19 notate "Special Category " or " Aggravated " with supporting details.

AR 630-10, Section II Terms

Special category absentee. An absent Soldier who has had access to top secret information during the last 12 months or is currently assigned to a special mission unit.

The Unit Commander per AR 630-10, Para 3-1a(2) completes DD Form 553. The suspected reasons for the absence and information on pending investigation, Article 15, or Uniform Code of Military Justice (UCMJ) action at the time of the Soldier's absence is recorded in item 19. If additional supporting documents are required, the phrase "see attached sheet" is also entered into Item 19.

The Installation Provost Marshal Office (PMO) ensures that the Unit Commander has accurately completed DD Form 553 though verification from the FBI National Crime Information Center (NCIC) per AR 190-9, Para 3-2. The PMO will provide a verification date stamp on this form to certify that all of this information has been properly updated from the NCIC data base. Enter Military Police Report #, Offense Code, and Offense for DFR and any other serious offenses with Caution Indicators (see 2000 NCIC Manual, Wanted Person File, Para 1.1) and email to USADIP. Item 19-1 - If additional space is needed, use letter-size bond paper to continue remarks.

## INFORMATION

### 1. AUTHORITY TO APPREHEND.

a. Any civil officer having the authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials. Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person File, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOL's) when requested to do so by military authorities.

### 2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES.

a. Rewards. Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

- (1) Payment for apprehension and detention of absentees until military authorities resume custody, or
- (2) Payment for apprehension and delivery of absentees to a military installation.

b. Reimbursement for Expenses. Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these services, payment will be made jointly or severally, but total payment to all may not exceed prescribed limitations.

c. Payment. Payment will be made to the person or agency representative actually making arrest and detention or delivery by the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all expenses of apprehending, keeping, and delivering the absentee. Payment will be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension

not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

### 3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly by telephone with the Deserter Information Point of the military service concerned.

a. **US Army:** Department of the Army  
USADIP (DAPM-MPO-AD)  
Bldg. 298, Room 332  
481 Gold Vault Rd.  
Fort Knox, KY 40121-5182

**Telephone:** Area Code (502) 626-3711/  
3712/3713

b. **US Navy:** Navy Absentee Collection and  
Information Center (NACIC)  
Navy Personnel Command  
(PERS-00D)  
5720 Integrity Drive  
Millington, TN 38055

**Telephone:** 901-87402522  
**Collect:** 1-877-663-6772

c. **US Marine Corps:** Commandant, US Marine Corps  
Law Enforcement and Corrections  
Branch (PSL Corrections)  
Naval Support Facility  
701 South Courthouse Rd., Suite 2D095  
Arlington, VA 22204-2478

**Telephone collect:** Area Code (703) 614-3248/3376

d. **US Air Force:** Headquarters AF Personnel Center  
(DPWCM)  
550 C Street West, Suite 14  
Randolph AFB, TX 78150-4716

**Telephone collect:** Area Code (210) 566-3752  
(or toll free: 1-800-531-5501)

## **INSTRUCTIONS FOR PREPARING AND DISTRIBUTING DD FORM 553 (DESERTER/ABSENTEE WANTED BY THE ARMED FORCES)**

**The Unit Commander** administratively classifies an absentee as a deserter and completes DD Form 553 and promptly reports deserters to the Provost Marshal per AR 190-9, Para 3-1 via DD Form 553 per AR 630-10, Para 3-1a(2 & 3).

**The Installation Provost Marshal** ensures that the unit commander has accurately completed DD Form 553 through verification from the Federal Bureau of Investigation (FBI) National Crime Information Center (NCIC) database per AR 190-9, Para 3-2.

Prepare DD Form 553 item by item.

**Item 1 - Date Prepared:** Insert the Year/Month/Day (YYYYMMDD) (for example, 20100911) that the DD Form 553 was prepared by the Unit Commander.

**Item 2 - To:** DEPARTMENT OF THE ARMY  
USADIP (DAPM-MPO:AD)  
BLDG 298 RM 331  
481 GOLD VAULT RD  
FORT KNOX KY 40121-5182

**NOTE:** Drop from the Rolls (DFR) Packets are no longer sent via hard copy U.S. Postal Service to the U.S. Army Deserter Information Point (USADIP). The BDE S1 prepares the DFR Packet and electronically sends it thru their Deserter Control Officer (DCO) for quality control review prior to reaching its final destination at USADIP. The DCO will email this document along with other designated documents as identified in the USADIP Deserter Processing Checklist to [usarmy.knox.imcom-atlantic.mbx.usadip-admin@mail.mil](mailto:usarmy.knox.imcom-atlantic.mbx.usadip-admin@mail.mil).

**Item 3 - From:** Insert the Unit, Losing Organization or Activity and place from which absentee was last assigned.

**Item 4 - Distribution: LEAVE BLANK.** (For USADIP Use Only). List which agencies will receive the DD Form 553. For civilian law enforcement agencies provide their Originating Agency Identification (ORI) only from the NCIC.

**Item 5 - Absentee Identification.**

**Item 5a - Name:** Insert the absentee's last name, first name and full middle as opposed to initial only in that sequence. The primary source documents for verification/validation are the following: DD Form 1966/1 (Record of Military Processing – Armed Forces of the United States) Item 2 or the DD Form 4/1 (Enlistment/Reenlistment Document Armed Forces of the United States), Item 1.

**Item 5b - Grade/Rank/Rate:** Insert the absentee's military pay grade and rank; for example, E-2/Private (PV2), E-3/Private First Class (PFC), E-4/Specialist (SPC), etc. The primary source document for verification/validation is the DA Form 4187 [Personnel Action] – [Absent without Leave (AWOL) to Drop from the Rolls (DFR)], Item 5.

**\*Item 5c** - Sex: Identify the absentee's sex as Male (M) or Female (F). The primary source documents for verification/validation is the DD Form 1966/1, Item 6 or SF 86 (Questionnaire for National Security Positions), Item 7.

**\*Item 5d** - Race: Identify the appropriate box. The primary source document for verification/validation is the DD Form 1966/1, Item 7a.

**Item 5e** - Ethnicity: Identify the appropriate box. The primary source document for verification/validation is the DD Form 1966/1, Item 7b.

**Item 5f** - Place of Birth: Identify the city, state and country in that sequence. The primary source document for verification/validation is the DD Form 1966/1, Item 15 or SF 86, Item 3.

**\*Item 5g** - Date of Birth: Identify the absentee's YYYYMMDD, in that sequence. The primary sources of document for verification/ validation are the DD Form 1966/1, Item 10 and DD Form 4/1, Item 6. A secondary source of documentation for verification/validation is the SF 86, Item 2.

**\*Item 5h** - Height: Identify the absentee's height in feet and inches in that sequence. The primary source document for verification/validation is the DD Form 2808 (Report of Medical Examination), Item 53. A secondary source document for verification/validation is the SF 86, Item 7.

**\*Item 5i** - Weight: Identify the absentee's weight in pounds. The primary source document for verification/validation is the DD Form 2808, Item 54. A secondary source document for verification/validation is the SF 86, Item 7.

**\*Item 5j** - Eye Color: Identify the absentee's eye color. The primary source document for verification/validation is the SF 86, Item 7.

**\*Item 5k** - Hair Color: Identify the absentee's hair color. The primary source document for verification/validation is the SF 86, Item 7.

**Item 5l** - Deserter Information Point (DIP) Control Number: **LEAVE BLANK.** (For USADIP Use Only).

**Item 5m** - Service: Indicate Service Component; Army (RA), Army National Guard (ARNG), US Army Reserves (USAR), ARNG/Active Guard and Reserve (AGR) or USAR/AGR. All Reserve Component (RC) Soldiers must have an Initial Active Duty for Training (IADT) or ADT order. The following discharge format is required for RC Soldiers whose duty status changes to AWOL while in an ADT or IADT status: ARNG uses Order Format 510. USAR uses Order Format 440. If these Soldiers are mobilized and not currently in an ADT or IADT status, then a set of Mobilization Orders must be included in the DFR Packet.

**\*Item 5n** - Social Security Number (SSN): Absentee's SSN. The primary source document for verification/validation is the DD Form 4/1, Item 2 or DD Form 1966/1, Item 1.

**\*Item 5o** - Citizenship: Identify the country of which the absentee is a citizen. The primary source document for verification/validation is the DD Form 1966/1, Item 5 or SF 86, Item 9.

**\*Item 5p - Marital Status:** Identify the absentee's marital status: Married (M), Divorced (D), or Single (S). The primary source document is the DD Form 93 (Record of Emergency Data), Item 4a. A secondary source document for verification/validation is the DD Form 1966/1, Item 8 (depending on how current each form is).

**\*Item 5g - Military Occupation:** Identify the absentee's specific military occupational specialty (MOS) and title. Absentee's who are in their Initial Entry Training (IET) will need to be identified. All MOS designations that deal with Military Intelligence or Classified Information must be processed as a special category absentee IAW AR 190-9, Para 3-2&3, AR 630-10, Para 3-3d and DODI 1325.02. Deserter reporting is required w/in 24/48 hours with PMO and USADIP. The primary source document is the DA Form 4187, Item 5.

**Item 5r - Civilian Occupation:** Identify the absentee's prior civilian employment. Indicate any specific job skills. The primary source document for verification/validation is the SF 86, Item 13a.

**Item 5s - Permanent Residence Address:** Indicate the absentee's permanent address to include their street, city, state and ZIP code. The primary source document is the DD Form 4/1, Item 3.

**Item 6 - Current Enlistment.**

**Item 6a - Date:** Identify most recent date absentee signed a contract: YYYYMMDD, in that sequence. The primary source document for verification/validation is the DD Form 4/1, Item 5.

**Item 6b - Place:** Identify most recent date absentee signed a contract: city and state in that sequence. The primary source document for verification/validation is the DD Form 4/1, Item 4.

**Item 7 - Entry into Current Period of Service.**

**Item 7a - Date:** Identify date that absentee physically reported for active duty on current enlistment: YYYYMMDD in that sequence. The primary source document for verification/validation is the DD Form 4/1, Item 8a. If absentee has not enlisted into the Delayed Entry Program, then enter the date as that in Item 6a.

**Item 7b - Place:** Identify place the absentee physically reported for active duty. City and state, in that sequence. The primary source document for verification/validation is the DD Form 4/1, Item 4.

**Item 8 - Absentee Photograph:** Make every attempt to obtain a current, identification-quality photograph of the member. Photograph is not required to fit in the space provided. Oversized photos can be submitted as a separate item. [Way Ahead: Connectivity with the Defense Eligibility Enrollment Reporting System (DEERS) for procurement of photo is being worked].

**Item 9 - Time of absence.**

**Item 9a - Date:** Indicate the date of reported absence – YYYYMMDD, in that sequence. Actual date of AWOL must match DA Form 4187, Item 7 [**Present for Duty (PDY) to AWOL**].

**Item 9b - Hour:** Indicate the hour of the reported absence – i.e (0600, 1800, or 2330).

**Item 10 - Administrative Date of Desertion:** Indicate the date on which absentee was administratively classified as a deserter and DFR YYYYMMDD, in that sequence. DFR desertion date must match DA Form 4187, Item 7 (**AWOL to DFR**).

Executed date signed in Item 18f must be the same or later than the DFR date in Item 10.

**Item 11 - Escaped or Sentenced Prisoner. (LEAVE BLANK).** This item will be completed by the US Army Corrections Command (ACC). (This information will only be provided by ACC if the Soldier is a convicted felon/parole violator).

**Item 12 - Discharge Status (LEAVE BLANK).**

**\*\*Item 13 - Operator's License.** DD Form 1966/1, Item 14 will provide initial information as a source document, although it may not be the most current depending upon date of completion. Provost Marshal will conduct a 50 state license search through NCIC to obtain most current information.

**Item 13a - Number:** Indicate absentee's operator's license number.

**Item 13b - State:** Indicate the state that licensed the absentee.

**Item 13c - Date Operator's License Expires:** YYYYMMDD in which the absentee's license expires.

**\*\*Item 14 - Vehicle License.** This information may be obtained from unit vehicle inspection sheet, if available.

**Item 14a - Plate Number:** Indicate absentee's vehicle license plate number.

**Item 14b - State:** Indicate the state that issued the absentee's vehicle license plate.

**Item 14c - Expiration Date:** Indicate the YYYYMMDD that absentee's vehicle license plate expires.

**Item 14d - Type:** Identify absentee's vehicle license plate type; for example: personalized, disabled American veteran, handicapped, government etc.

**\*\*Item 15 - Vehicle.** This information may be obtained from unit vehicle inspection sheet, if available.

**Item 15a - Vehicle Identification Number (VIN):** Identify the absentee's vehicle identification number if available.

**Item 15b - Year:** Indicate the year in which absentee's vehicle was manufactured.

**Item 15c - Make:** Indicate the manufacturer of absentee's vehicle; for example, Ford, Porsche, Chevrolet, etc.

**Item 15d** - Model: Indicate model of absentee's vehicle; for example, Mustang, 914, Prism, etc.

**Item 15e** - Style: Identify the style of absentee's vehicle; for example, 2-door convertible, pickup truck, van, etc.

**Item 15f** - Color: Indicate the color of absentee's vehicle.

**Item 16 - Relatives and other persons known by absentee.**

**Item 16a** - Name: Absentee's nearest relative, friends, and other persons most likely to know something about the absentee's whereabouts. List additional names in Item 19, Remarks. The primary source documents for verification/validation is the DD Form 93, Items 4 through 7 and SF 86, Items 11 through 13. In parentheses describe relationship, i.e. (Mother), (Father), (Spouse), (Sister), (Brother), (Friend), (Neighbor), (Classmate), (Employer), etc.

**Item 16b** - Address: Street, city, state, ZIP codes, and telephone numbers for each person listed in 16a. List additional addresses in Item 19, Remarks. The primary source documents for verification/validation is the DD Form 93, Items 4 through 7 and SF 86, Items 11 through 13.

**Item 17 - Certification:** Statement by Absentee's Commander: Military and civilian law enforcement authorities may use this statement to obtain search or arrest warrants or authorizations. *Complete each line carefully: the information may determine whether law enforcement authorities can obtain a warrant.* Actual date AWOL must match DA Form 4187, Item 7 (PDY to AWOL).

**Item 18 - Commanding Officer.**

**Item 18a** - Typed Name. Identify the Commander's Name.

**Item 18b** - Rank. Identify the Commander's Rank.

**Item 18c** - Title. Identify the Commander's Title if different than Commander i.e. (Acting Commander).

**Item 18d** - Organization and Installation: Indicate the commander's organization and installation of the absentee.

**Item 18e** - Signature: All copies must be signed by the unit commander who must be a commissioned officer per AR 630-10, Para 3-1a(2).

**NOTE:** Do not use any "For the Commander" signatures, or signature stamps which are not authorized over the signature block; must be original signature. (Way Ahead: Digital signature capability is being worked).

**Item 18f** - Date Signed. This date must be the same or later than DFR date in Item 10.

**\*\*Item 19 - Remarks:**

**The Unit Commander** lists absentee's peculiar habits and character traits; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); allergies, marks and scars; tattoos; facial characteristics; complexion; posture, and build. If applicable Indicate here if this is a "desertion under aggravated circumstances" or a "Special Category Deserter."

-- Provides Passport Identity Card # if applicable from source document SF 86, Item 10.2.

-- Completes DD Form 553 per AR 630-10, Para 3-1a(2). The suspected reasons for the absence and information on pending investigation, Article 15, or Uniform Code of Military Justice (UMCJ) action at the time of the Soldier's absence is recorded in Item 19. If additional supporting documents are required, the phrase "see attached sheet" is also entered into Item 19.

**The Provost Marshal** per AR 190-9, Para 3-2b(3) in the remarks section of a DD Form 553 adds other known information about the Soldier such as –

(a) *Confirmed or suspected drug abuse.*

(b) *History of violence.*

(c) *History of escapes or attempted escapes from custody.*

(d) *Suicidal tendencies.*

(e) *Suspicion of involvement in violent crimes for which there is a record of an active military police investigation being prepared and forwarded.*

(f) *History of the unauthorized absence.*

(g) *Any other information in the apprehension process or to protect the deserter or apprehending authorities.*

(4) *Initiates a DA Form 3975 (Military Police Report) (if not previously completed as an AWOL report) and assigns a USACRC crime control number to the case.*

(5) *Returns the completed DD Form 553 to the unit commander within 24 hours. The Provost Marshal retains a copy of the DD Form 553.*

-- Will conduct a criminal history check through NCIC and add additional SSNs, Operator License Number (OLN)s, DOBs, Also Known As (AKA)s, scars, marks, tattoos, and FBI Code numbers gleaned from any new intelligence gathered.

-- List known Cautions Indicators (per 2000 NCIC Manual, Wanted Person File Para 1.2 need to be as applicable to better understand the subject's potential behavior as related to the need to provide an escort during extradition:

(1) Violent Tendencies – has history of violent behavior towards others.

(2) Suicidal – has history of suicidal ideations or tendencies.

(3) Sexually Violent Predator – has history of sexual offenses.

(4) Armed and Dangerous – is or was a registered weapons permit holder, or has history of illegally possessing or using a weapon.

(5) Martial Arts Expert – is or was a registered Martial arts expert or is known to be a trained expert in the Martial Arts.

(6) Known to Abuse Drugs - has a history of drug abuse, including alcohol.

(7) Escape Risk – has a history of hiding, fleeing, resisting arrest, detention or transport or and may have been is an Escaped Prisoner or Previous Absentee..

(a) Previous Absentee - have demonstrated through their historical behavior that they have the potential for failure to obey a lawful order to report to their parent unit and the instructions of officers that they may have interaction with. Previous failure to comply with a DD Form 460 (Provisional Pass) is an indication that the Soldier is unwilling to return on their own; thus presenting an Escape Risk.

(b) A Parole Violator is considered to be an Escaped Prisoner. They are a prisoner of a confinement facility who has absconded from their supervised or conditional release and thus always to be considered an Escaped Risk.

- (8) Explosive Expertise - subject is known to be an expert with explosives
- (9) Heart Condition - has medical history of heart or circulatory illnesses.
- (10) Medication Required - has medical history requiring specific medication.
- (11) Alcoholic - has been medically diagnosed as such.
- (12) Allergies - has medical history indicating illness caused by specific allergies.
- (13) Epilepsy - has a medical history of Epilepsy or seizures.
- (14) Diabetic - has a medical history of diabetes.
- (15) Hemophiliac - Has medical history of illnesses that impair the normal clotting of blood.

-- Capture Military Personnel Report number and offense from the Centralized Operational Police Suite (COPS) and Offense. Make additional applicable entries. Enter Military Police Report #, Offense Code, and Offense for AWOL, DFR, and any other serious offenses with Cautions Indicators for officer safety. These caution indicators will necessitate the use of escorts for extradition to the parent unit or Personnel Control Facility at Ft. Sill, OK.

-- When reporting High-Risk Deserters (ALARACT 366-2011) it is important to identify and examine the contributing factors and use the proper Caution Indicators to insure Officer Safety. A Soldier who may cause harm or present a danger to the public or themselves will not only have current active cautions, but probably a correlating history as well which needs to be identified at the time of initial absence, i.e. AWOL, thus potentially warranting processing as a High Risk Deserter.

-- Will conduct an NCIC 50-state vehicle license and registration query in addition to a criminal history query. In the even Criminal Information is available, a Criminal Record query should be conducted. The PMO is responsible for comparing the drivers' license with the 553 to confirm or include items such as height, weight, hair color, etc. The PMO will provide a verification date stamp on this form to certify that all of this information has been properly updated from the NCIC data base as applicable. Include Passport information in known and available.

**Item 19-1** - If additional space is needed, use letter-size bond paper to continue remarks.

*\* If specified forms are not readily available on the integrated Personnel Enlisted Records Management System (iPERMS), you will need to consult the Enlisted Record Brief (ERB) or DA Form 4037-E [Officer Record Brief (ORB)] (as applicable) as a last resort, although they are not considered primary source documents.*

*\*\* The Provost Marshal ensures that the Unit Commander has accurately completed DD Form 553 through verification from the NCIC database per AR 190-9, Para 3-2.*

**PERSONNEL ACTION**

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended

**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.

**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.

**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code) BATTALION COMMANDER	2. TO (Include ZIP Code) BRIGADE LEVEL COMMANDER	3. FROM (Include ZIP Code) COMPANY LEVEL COMMANDER
---	---	---

**SECTION I - PERSONAL IDENTIFICATION**

4. NAME (Last, First, MI) GONE, JOE BE	5. GRADE OR RANK/PMOS/AOC PV2/92Y	6. SOCIAL SECURITY NUMBER 123-45-6789
---	--------------------------------------	--

**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above Soldier's duty status is changed from Present for Duty (PDY) to Absent without Leave (AWOL) effective 630 hours, 1 March 2009

**SECTION III - REQUEST FOR PERSONNEL ACTION**

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

**SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)**

Section II, Item 7 - Duty Status: PDY to AWOL. Effective date must match DD Form 553, Item 19a, (Date of Absence).

Section IV - Must provide specific circumstances, i.e.: At 0630 on 1 March 2009 (must match time and date in item 7). PV2 Joe B. Gone failed to report for duty.

Section V - Commander Authorized Representative is outlined in AR 600-8-6, Para 2-3b. Assumption of Command Orders must be attached for Acting Commanders. Other Designated Representatives must be appointed in writing.

Section V - Signature must be the same person as the Commander Authorized Representative; Digital Signature is preferred. Do not use any "For the Commander" signatures, or signature stamps which are not authorized over the signature block; must be original signature.

Section V - Date cannot precede the effective date and time of AWOL in Item 7 and should be within 24 hours and must be within the dates of Assumption of Command Orders and other appointment orders as applicable.

**SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL**

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE Wantto B. Commander, 1LT, QM, Acting CDR	13. SIGNATURE	14. DATE (YYYYMMDD)
---	---------------	---------------------

DEPARTMENT OF THE ARMY  
10<sup>TH</sup> MESS KIT REPAIR COMPANY  
308 LONELY AVE, STE 224  
FORT LOST IN THE WOODS, MO 12345-0000

IMSE-LEO-PM

2 March 2009

MEMORANDUM FOR DISTRIBUTION

SUBJECT: Assumption of Command by Authority of AR 600-20

The undersigned by assumes command of the 10<sup>th</sup> Mess Kit Company , Headquarters and Quartermaster Command , United States Training Command and Fort Lost in the Woods MO effective 0001, 2 March 2009 through 5 March 2009 by authority of paragraph 2-6, AR 600-20.

(SIGNED)  
WANTTO B. COMMANDER  
1LT, QM  
Commanding

DISTRIBUTION:  
1-Individual copy  
2-MPF  
3-Reference File  
4-Record File  
5-AG Records

- *This is an example of the required Assumption of Orders that must accompany the DA Form 4187 for an Acting Commander to sign BLOCK 12.*

(ENCL 2.1)

## PERSONNEL ACTION

For use of this form, see PAM 600-8; the proponent agency is DCS, G-1.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 10, USC, Section 3013, E.O. 9397 (SSN), as amended  
**PRINCIPAL PURPOSE:** To request or record personnel actions for or by Soldiers in accordance with DA PAM 600-8.  
**ROUTINE USES:** The DoD Blanket Routine Uses that appear at the beginning of the Army's compilation of systems of records may apply to this system.  
**DISCLOSURE:** Voluntary; however failure to provide Social Security Number may result in a delay or error in processing the request for personnel action.

1. THRU (Include ZIP Code) BATTALION COMMANDER	2. TO (Include ZIP Code) BRIGADE LEVEL COMMANDER	3. FROM (Include ZIP Code) COMPANY LEVEL COMMANDER
---	---	---

### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI) GONE, JOE BE	5. GRADE OR RANK/PMOS/AOC PV2/92Y	6. SOCIAL SECURITY NUMBER 123-45-6789
---	--------------------------------------	--

### SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above Soldier's duty status is changed from Absent without Leave (AWOL) to Dropped from Rolls (DFR) effective 0001 hours, 31 March 2009

### SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

### SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

Section II, Item 7 - Duty Status: AWOL to DFR. Effective date must be the 31st day of AWOL / 1st day as DFR and must match DD Form 553, Item 10, (Administrative Date of Desertion).

Section IV - Must provide specific circumstances, i.e.: At 001 on 31 March 2009 (must match time and date in item 7). PV2 Joe B. Gone was reported DFR as a deserter.

Section V - Commander Authorized Representative is outlined in AR 600-8-6, Para 2-3b. Assumption of Command Orders must be attached for Acting Commanders. Other Designated Representatives must be appointed in writing.

Section V - Signature must be the same person as the Commander Authorized Representative; Digital Signature is preferred. Do not use any "For the Commander" signatures, or signature stamps which are not authorized over the signature block; must be original signature.

Section V - Date cannot precede the effective date and time of AWOL in Item 7 and should be within 24 hours and must be within the dates of Assumption of Command Orders and other appointment orders as applicable.

### SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☒ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE IM A COMMANDER, CPT, QM, Commanding	13. SIGNATURE	14. DATE (YYYYMMDD)
--	---------------	---------------------

CHARGE SHEET				
<b>I. PERSONAL DATA</b>				
1. NAME OF ACCUSED ( <i>Last, First, Middle Initial</i> ) GONE JOB B.		2. SSN 123-45-6789	3. GRADE OR RANK PV2	4. PAY GRADE E2
5. UNIT OR ORGANIZATION 10TH MESS KIT REPAIR COMPANY			6. CURRENT SERVICE	
			a. INITIAL DATE USE BASD	b. TERM See DD Form 4
7. PAY PER MONTH			8. NATURE OF RESTRAINT OF ACCUSED	
a. BASIC  1,658.77	b. SEA/FOREIGN DUTY  0.00	c. TOTAL  1,658.77	NONE  N/A	
<b>II. CHARGES AND SPECIFICATIONS</b>				
10. CHARGE: VIOLATION OF THE UCMJ, ARTICLE 85 (DESERTION)				
<p><b>SPECIFICATION:</b></p> <p>In that PV2 Joe B. Gone, US Army, 10th Mess Kit Repair Company, Fort Lost in the Woods, MO on active duty did on or about March 31, 2009 without authority, and with the intent to stay there from permanently, absent himself from his unit to wit: 10th Mess Kit Repair Company, Fort Lost in the Woods, MO and did absent until on or about</p> <p><b>CHARGE II: VIOLATION TO THE UCMJ, ARTICLE 86 (AWOL)</b></p> <p><b>SPECIFICATION:</b></p> <p>In that PV2 Joe B. Gone, US Army, 10th Mess Kit Repair Company, Fort Lost in the Woods, MO on active duty did on or about March 01 2009 without authority, and with the intent to stay therefrom permanently, absent from his unit to wit: 10th Mess Kit Repair Company, Fort Lost in the Woods MO, and did remain absent until or about.</p> <p>Per AR 630-10, Para 3-1a(4), the unit commander files court martial charges on DD Form 458. These charges should be brought in addition to charges for other offense, as appropriate. The sworn charges are forwarded to the summary court martial convening authority who enter the hour and date of receipt on page 2 of Charge Sheet.</p> <p>Item 10 - Charge specifications must be IAW the Manual for Court Martial (2000 edition) Pg A4-1.</p> <p>Item 11 (Affidavit) must be a commissioned officer and cannot be the same person signing as Item 11a.</p> <p>Item 11 (Signature) Do not use any "For the Commander" signatures, or signature stamps which are not authorized over the signature block; must be original signature. (Way Ahead: Digital signature capability is being worked).</p> <p>Items 12, 14, 15 (LEAVE BLANK)</p> <p>Item 13 Signature must be either an O-5 or above, the Adjutant, or an O-3 or above with Assumption of Command Orders attached [Rules for Court Martial (RMC) 1301A, 1302A(2), and Discussion.</p> <p>Item 13 Date must be later than Block 11e.</p>				
<b>III. PREFERRAL</b>				
11a. NAME OF ACCUSER ( <i>Last, First, Middle Initial</i> ) NCO, IM A. (Can be an NCO or Officer)		b. GRADE 1SG	c. ORGANIZATION OF ACCUSER 10TH MESS KIT REPAIR COMPANY	
d. SIGNATURE OF ACCUSER (SIGNATURE OF PERSON IN BLOCK 11A)			e. DATE (YYYYMMDD) 20090331	
<p><b>AFFIDAVIT:</b> Before me, the undersigned, authorized by law to administer oath in cases of this character, personally appeared the above named accuser this <u>31st</u> day of <u>MARCH</u>, <u>2009</u>, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either has personal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">IM A. COMMANDER</p> <p style="text-align: center;">_____ <i>Typed Name of Officer</i></p> <p style="text-align: center;">O-3</p> <p style="text-align: center;">_____ <i>Grade</i></p> <p style="text-align: center;">(SIGNATURE OF COMMANDER- See Note Above)</p> <p style="text-align: center;">_____ <i>Signature</i></p> </div> <div style="width: 45%;"> <p style="text-align: center;">10TH MESS KIT REPAIR COMPANY</p> <p style="text-align: center;">_____ <i>Organization of Officer</i></p> <p style="text-align: center;">COMPANY COMMANDER</p> <p style="text-align: center;">_____ <i>Official Capacity to Administer Oath</i> (See R.C.M. 307(b) must be commissioned officer)</p> </div> </div>				

12. On \_\_\_\_\_, \_\_\_\_\_, the accused was informed of the charges against him/her and of the name(s) of the accuser(s) known to me (See R.C.M. 308(a)). (See R.C.M. 308 if notification cannot be made.)

**\*LEAVE ITEM 12 BLANK\***

\_\_\_\_\_  
Typed Name of Immediate Commander

\_\_\_\_\_  
Organization of Immediate Commander

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature

**IV. RECEIPT BY SUMMARY COURT-MARTIAL CONVENING AUTHORITY**

13. The sworn charges were received at 1600 hours, 2 APRIL, 2009 at 5TH UTENSILS BN  
Designation of Command or

PORT LOST IN THE WOODS, MO

Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)

FOR THE

IMN. CHARGE

Typed Name of Officer

BATTALION COMMANDER

Official Capacity of Officer Signing

\_\_\_\_\_  
Grade

(SIGNATURE OF OFFICER)

\_\_\_\_\_  
Signature

**V. REFERRAL; SERVICE OF CHARGES**

14a. DESIGNATION OF COMMAND OF CONVENING AUTHORITY

b. PLACE

c. DATE (YYYYMMDD)

Referred for trial to the \_\_\_\_\_ court-martial convened by \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, subject to the following instructions: <sup>2</sup>

By \_\_\_\_\_ of \_\_\_\_\_  
Command or Order

\_\_\_\_\_  
Typed Name of Officer

\_\_\_\_\_  
Official Capacity of Officer Signing

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature

15. On \_\_\_\_\_, \_\_\_\_\_, I (caused to be) served a copy hereof on (each of) the above named accused.

\_\_\_\_\_  
Typed Name of Trial Counsel

\_\_\_\_\_  
Grade or Rank of Trial Counsel

\_\_\_\_\_  
Signature

FOOTNOTES: 1 - When an appropriate commander signs personally, inapplicable words are stricken.  
2 - See R.C.M. 601(e) concerning instructions. If none, so state.

DEPARTMENT OF THE ARMY  
10<sup>TH</sup> MESS KIT REPAIR COMPANY  
308 LONELY AVE, STE 224  
FORT LOST IN THE WOODS, MO 12345-0000

March 10, 2009

[Next of Kin (NOK) Address]

Mr. and Mrs. Father O. Gone  
456 Somewhere Street  
Anywhere, OK 67880-0000

Dear Mr. and Mrs. Father O. Gone,

I regret to inform you that your (husband) (wife) (son) (daughter) Private Joe B. Gone, 123-45-6789, (Name of Soldier, SSN) has been absent without leave from this unit since March 1, 2009 (Date of Absence Began). Your (husband's) (wife's) (son's) (daughter's) absence could result in a trial by court-martial with loss of pay and allowances which could mean that (his) (her) dependents would lose all rights to receive allotments, medical care, commissary and post exchange privileges, and other military benefits. Continued absence could also result in confinement or dismissal with other than honorable or bad discharge.

If you know where (he) (she) is please urge him to return immediately to military control at the nearest military installation in order to avoid serious consequences or prolonged unauthorized absence.

Rest assured that (he) (she) will be given a fair hearing and the opportunity to present any information on (his) (her) behalf.

Sincerely,

Im A. Commander  
Captain, U.S Army  
Commanding

10 DAY AWOL LETTER TO NOK

Once the Soldier has been AWOL for 10 days the unit commander will mail the initial notification letter to the NOK stating that the Soldier has been AWOL per AR 600-30, Para 2-2e and Figure 2-1.

DEPARTMENT OF THE ARMY  
10<sup>TH</sup> MESS KIT REPAIR COMPANY  
308 LONELY AVE, STE 224  
FORT LOST IN THE WOODS, MO 12345-0000

March 31, 2009

[Next of Kin (NOK) Address]

Mr. and Mrs. Father O. Gone  
456 Somewhere Street  
Anywhere, OK 67880-0000

Dear Mr. and Mrs. Father O. Gone ,

I refer to my letter of March 10, 2009 (Date of 10 Day Letter), in which I informed you, that your (husband) (wife) (son) (daughter) , Private Joe B. Gone, 123-45-6789, (Name of Soldier, SSN) has been absent without leave from this unit since March 1, 2009 (Date of AWOL).

Private Gone (Name of Soldier) has been dropped from the rolls as of March 31, 2009 [Date Dropped from Rolls (DFR)] and has been administratively classified as a deserter from the United States Army. Civilian and Military law enforcement agencies have been notified of (his) (her) status and requested to apprehend (him) (her).

Dependents of Soldiers classified as deserters are not eligible for post exchange and commissary, medical care or military privileges. If you know where (he) (she) is please urge (him) (her) to return to military control without further delay.

If you have any questions, please feel free to contact me at (XXX) XXX-XXXX.

Sincerely,

Im A. Commander  
Captain, U.S Army  
Commanding

31 DAY DFR LETTER TO NOK

Once the Soldier has been AWOL for 31 days the unit commander will mail notification to the NOK stating that the Soldier has been DFR per AR 600-8-104, Table 6-29, Step 3.

DEPARTMENT OF THE ARMY  
10<sup>th</sup> MESS KIT REPAIR COMPANY  
308 LONELY AVE, STE 224  
FORT LOST IN THE WOODS, MO 12345-0000

July 11, 2009

[Next of Kin (NOK) Address]

Mr. and Mrs. Father O. Gone  
456 Somewhere Street  
Anywhere, OK 67880-0000

Dear Mr. and Mrs. Father O. Gone ,

Our records indicate that your (husband) (wife) (son) (daughter) Private Joe B. Gone, 123-45-6789, (Name of Soldier, SSN) was Absent Without Leave (AWOL) on July 10, 2009. (His) (Her) being AWOL could result in trial by court-martial with loss of pay and allowances, which means that (his) (her) family member(s) would lose all privileges, and other military benefits. Continued absence could also result in confinement or dismissal with a dishonorable discharge.

On July 11, 2009, Private Gone's status was officially changed from AWOL to that of Dropped from the Rolls of the Army as a DESERTER. This action was taken after thorough investigation and review of the circumstances surrounding (his) (her) case by 5<sup>th</sup> Utensils Battalion, Fort Lost in the Woods, Missouri 12345-0000.

If you know where (he) (she) is please urge (him) (her) to return immediately to military control at the nearest Army installation to avoid serious consequences of prolonged unauthorized absences.

If you should have any questions regarding this case please feel free to contact me at (xxx) xxx-xxxx.

Sincerely,

Im A. Commander  
Captain, U.S Army  
Commanding

Combined AWOL & DFR Letter To NOK For One Day Drop.

One Day Drop applies only to previous deserters who have been Return to Military Control (RMC). The Soldier fails to return to a unit from which he or she is AWOL after RMC at another location or departs prior to the completion of administrative, judicial, or non-judicial action for a previous absence.

## LESS THAN 30 DAYS (FORMERLY ONE DAY) DROP PROCEDURES

1. **Eligibility Criteria for an AWOL Soldier** Less than 30 Days (formerly One Day) Drop from the Rolls (DFR) when—

- a. The Soldier was **previously AWOL or DFR** for less than 30 days when they were Returned to Military Control (RMC) and the Soldier then failed to report to the parent unit as ordered (returning to AWOL status). Must be a period of at least one day from Present for Duty (PDY) status after RMC status and less than 30 days from previous DFR Deserter status.
- b. There is reasonable belief that the Soldier has left his or her duty station with the intent to avoid hazardous duty or important service, or intends to remain permanently absent. An expressed intention not to return to a particular unit is not enough evidence to drop the Soldier from the rolls of the Army.
- c. The Returnee fails to return to a unit from which he or she is AWOL after RMC at another location or departs prior to the completion of administrative, judicial, or non-judicial action for a previous absence.
- d. He or she escapes from confinement.
- e. Considered to be a High-Risk Deserter
- f. The absence is considered as desertion under aggravated circumstances:
  - (1) The deserter is a commissioned officer.
  - (2) The deserter has had access to classified defense information at any point in time that, if disclosed, could jeopardize U.S. security interests.
  - (3) The deserter is suspected of or has been convicted of one or more of the offenses listed in Table "UCMJ Offenses That Aggravate Desertion" reference DoDI 1325.02 Enclosure 3 Para 4-c.
- g. Soldier is identified as a **Special Category Absentee**. (AR 630-10 Para 3-3 & AR 190-9 Para 3-3). These are Soldiers assigned to special mission units who have access to Top Secret Sensitive Compartmented Information or Special Access Program information during the 12 months preceding the absence. They are to be immediately processed for Desertion regardless of length of absence. They must be reported to the DES/PMO within 24 hours and USADIP must be contacted within 48 hours.
- h. A **commissioned officer** tenders his or her resignation and before notice of its acceptance, departs their post or proper duties without leave and with the intent to remain away there from permanently.

i. A member of the Armed Forces of the United States goes from or remains absent from his or her unit, organization, or place of duty with intent to remain away there from permanently. (A violation of UCMJ, Art. 85.)

j. They meet the following criteria for a **Defector** (IAW Art. 630-10, Para 3-4) as outlined below-

(1) The unit commander believes the Soldier voluntarily sought political asylum or is living in a foreign country apart from official duties or authorized leave.

(2) The Soldier has joined the armed forces of a foreign country.

2. An AWOL Soldier is **not to be considered as eligible** for a Less than 30 Days (formerly One Day) Drop DFR—

a. If the Soldier is confined by civilian authorities to stand trial or serve sentence for civilian charges or held for military authorities..

b. While receiving treatment in a civilian medical facility.

c. If the absentee dies prior to arrival at their ordered destination.

3. For a Less than 30 Days (formerly One Day), the **unit commander**—

a. Completes a DA Form 4187, reporting the Soldier's change of duty status from AWOL to DFR and notifies the military pay office within 48 hours of the Soldiers change in duty status from AWOL to DFR.

b. Completes DD Form 553. They specify the suspected reasons for the absence and information on pending investigations, Article 15, or UCMJ action at the time of the Soldier's absence is recorded in item 19. If additional supporting documents are required, the phrase "see attached sheet" is also entered in item 19.

c. Reports the desertion to and submits the completed DD Form 553 to the supporting provost marshal per AR 190-45.

d. Files court-martial charges on DD Form 458. These charges should be brought in addition to charges for other offenses, as appropriate. The sworn charges are forwarded to the summary court-martial convening authority that enters the hour and date of receipt on page 2 of the Charge Sheet.

e. Includes evidence of reasonable belief as to why the Returnee should be considered to be a Less than 30 Day Drop in the form of a memorandum with the supporting evidence attached.

f. Emails the original copy of the DFR packet through their BDE S1/DCO to the PMO/DES. After verification if performed IAW AR 190-9, Para 3-2 the DD Form 553 only will be sent to usarmy.knox.imcom-atlantic.mbx.usadip-admin@mail.mil.